

the tentative plans contemplate inclusions such as the following:

A medical service, with hospitalization, of statewide scope; but a service instituted through local or regional units, such as counties or districts, in which due recognition will be given to environmental factors obtaining in the areas involved. The extent to which the physicians in each region express their desire to coöperate will be determining elements in the selection of the districts where the plans will first be put into active operation.

Every physician possessing the degree of Doctor of Medicine and having a valid certificate from the Board of Medical Examiners of the State of California, may make application to be listed as a "professional member" of "California Physicians Service," the name which will probably be given to this new nonprofit medical-service corporation. The proposed organization, therefore, will in no sense be a closed corporation.

The incorporators, for purposes of convenience, will be the present members of the Council of the California Medical Association. The incorporators will become the first administrative members. The first board of trustees will be designated in the articles of incorporation, as is required by law, and will be certain of the members of the California Medical Association as yet to be designated by the Council. When the terms of the first trustees expire, the administrative members will elect their successors. As soon as possible after incorporation, the incorporators will resign as administrative members and be replaced by administrative members elected by the membership of the County Medical Societies from geographical districts.

Professional members will pay a certification fee of five dollars at the time when application for such membership is made. The House of Delegates authorized the Council to loan the new corporation a sum up to fifteen thousand dollars, to cover expenses incidental to putting the plan into operation.

The citizens of certain income groups (the classes still to be decided), who wish to secure for themselves medical service on a periodic payment basis, and who make application, will be known as "beneficiary members." Monthly or other periodic payments received from beneficiary members will be under the custodianship of the board of trustees of the nonprofit medical service association and the board of trustees will be required to set aside a certain portion thereof as a permanent reserve fund to meet emergencies, and another portion thereof to cover necessary administration expenses, this to be kept as low as possible, the remainder to be used to pay professional members and hospitals for services previously rendered.

The payments to the physicians who are registered as professional members and who have submitted statements for professional services rendered to beneficiaries, will be on the unit basis. The "unit" and the frequency of such payments, *i. e.*, whether monthly, quarterly, etc., are still to be determined.

Adequate Medical Service of Proper Standard Will Be Available Through This Plan.—It would be possible to continue at great length, giving details such as the above, but, at this time, it is not necessary. Suffice it to say, that this nonprofit medical service organization will come into corporate being in the not distant future, as one that aims to give medical service of highest standard, to those citizens of California who, under present-day conditions of living, find it an increasing hardship, and at times an impossibility, to meet the expenses incident to unforeseen and unpredictable illness.

It is to be remembered that many of the citizens in the groups under consideration have found it impossible for some time past properly to recompense physicians for the professional services that have been rendered. If the California Physicians Service, therefore, can place in operation a medical service plan with a big mass spread, then it should be equally possible for a large number of citizens to receive adequate medical care at a cost so comparatively low as to be quite within their means, at the same time making it feasible for the physicians, who generously render the aid, to receive in payment, cash, and in amount, as great, or perhaps more than that they receive by and large, under present conditions.

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Other Articles in This Issue of the Official Journal.—On other pages* in this issue will be found additional articles and reports, with newspaper editorials and press items which appeared when the action taken by the California Medical Association through its House of Delegates was first made public; and all these are commended to the consideration of readers of the OFFICIAL JOURNAL. In the February issue also, more detailed information will be presented. In the meantime members of the California Medical Association who have not paid much attention to these problems of medical service to certain income groups, or who have not kept in touch with recent reports appearing in the OFFICIAL JOURNAL, are requested to withhold their judgment of the proposed plans until they have had opportunity carefully to look over and study the final plans for inauguration of the service.

ANNUAL SESSION PAPERS, EXHIBITS, AND FILMS

Information Concerning Scientific Papers, Exhibits, and Films.—On January 8, the annual joint meeting of the California Medical Association Committee on Scientific Work and the secretaries of the twelve scientific sessions of the Association will have been held, and the general nature of this year's coming annual session programs outlined.

The attention of prospective essayists, therefore, who have not yet done so, is called to the importance of immediate communication with the

* For additional information on matters here commented upon, see pages 35-48.

proper Section Secretaries concerning submission of articles they have in mind.

Members who also desire to present exhibits or films should write to the Association Secretary, giving all helpful information about them. Those who have had films made on medical and surgical studies will do well to send to the Committee* the necessary data, so that arrangements may be made, if possible, for proper allocation of exhibit space or for presentation in the cinema booth, on certain days and at definite hours, of the photographs available. Prompt coöperation in these matters will be appreciated, since it will aid in making the 1939 annual session, to be held at Del Monte on May 1-4, one of the most profitable and enjoyable of all series of meetings.

Finally, members are urged to make their plans now for attendance, since problems of vital importance to medical practice in California will come up for serious consideration.

ON GRAND JURY INTERPRETATIONS OF MEDICAL ETHICS

Laymen Find It Difficult to Interpret Professional Ethics.—Physicians often find it difficult to explain to themselves the seeming incapacity of many of the laity and their organizations to understand why it is necessary for the medical profession, in its efforts to promote and maintain proper medical and hospitalization standards, to lay down very definite rules for its disciples and their institutions.

Come now, recently, some of the governmental agencies, in different sections of the country, who so misinterpret the basic reasons for the qualifications and restrictions of membership in county medical societies and on hospital staffs, that the federal antitrust laws are brought forward to make demands for changes that are little else than trade rules for admittance to membership.

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County Society Membership.—Consider, first, this matter of membership, in a component county medical society. Physicians are part of a learned profession which, through its own efforts and at great effort, in most commonwealths of the Union has been able to have inserted into many state medical practice acts, educational qualifications in harmony with those maintained by the approved medical schools of the United States. To do this, however, has meant recurrent battles in almost every legislative session. Take, for example, our own State of California: from the very beginning, we have been forced to give battle to those who would lower those standards of professional training, so necessary to observe and live up to, if the public health is to be properly safeguarded.

Each of the component county societies, that make up the California Medical Association, accepts only those physicians who have had qualifications that permitted them to take and pass an examination by the Board of Medical Examiners

of the State of California. But more than that is really necessary because, in one sense, a component county medical society can do its work to best advantage, provided its members have not only the educational background of proper standards, but possess also other attributes that make them harmonious and desirable units in the organization.

Physicians are an educated group of citizens, and they do not find it advantageous, for professional advancement or pleasant fellowship, to be associated with persons of deficient professional attainments, or who, because of certain character or temperamental attributes, are uncongenial. Such individuals have the right to practice the healing art, in so far as laws give them authority, but they certainly have no right legally to demand admission to membership in an organization in which harmonious outlook on mutual scientific, economic and other problems is necessary, if the organization is to do its work to best advantage. Likewise, as in similar organizations, when an individual who has been admitted engages in activities out of harmony with the organization, he might well resign. It is not to be wondered at, under such conditions, that steps have been taken to secure expulsion from membership, when violation of constitution and by-laws has been demonstrated on the part of such individuals.

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Hospital Staffs.—So also as regards hospital staffs. The modern-day standards of hospital practice were voluntarily brought into being by physicians, in conjunction with the Council on Medical Education and Hospitals of the American Medical Association and of the American College of Surgeons. In hospital practice there is a very intimate personal association between members of a learned profession. The hospital also represents a certain amount of capital investment and, in proportion as it has a staff of harmonious attending physicians and surgeons, is able to that degree to give a better type of service to the patients who seek admission. Physicians who are inharmonious elements, as staff members of high standard hospitals, are not prevented from taking their patients to other hospitals. They are simply denied the right to lower the tone and service of hospitals, whose attending staffs look upon them as uncongenial elements. Such individuals should ask themselves the question: What is wrong with me? and what am I doing that makes other physicians wish to avoid intimate professional affiliation with me?

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Advent of the Antitrust Law Argument.—Thoughts such as the above could be elaborated, did space permit. It is strange, in one sense, that there should now come, at the special instance of certain members of the legal profession, the promulgation of the doctrine, that the rules which physicians have laid down for themselves, in their efforts to provide high educational and other standards for medical licensure and hospital staff membership, are one and the same, with certain provisions on the statute books, placed there in

* Names of the State Committee appear in the roster on advertising page 2; and of Section secretaries on advertising page 6.